STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005657	A. BUILDING: _____ B. WING _____	C 08/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDERS GLEN	334 S CHERRY ST WESTFIELD, IN 46074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00133281. Complaint IN00133281 Substantiated. No deficiencies related to the allegations are cited. Survey Date: August 23, 2013 Facility number: 005657 Provider number: 005657 AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 107 Total: 107 Census payor type: Other: 107 Sample: 3 Sanders Glen was found to be in compliance with 410 IAC 16.2 in regard to the investigation of Complaint IN00133281. Quality Review 08/23/13 by Lisa McColly	R 000		